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21186	7590 12/29	J2008	pap hav	ers. Each additional papel e its own certificate of ma	r, such as an assignment illing or transmission.	f or formal drawing, must	
SCHWEGMAN, LUNDBERG & WOESSNER, P.A. P.O. BOX 2938 MINNEAPOLIS, MN 55402				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				, Sheena M.	Devine-Rem	itz (Depositor's name)	
			$\mathcal{A}$	heena M. De	iine-Rom	C (Signature)	
				March	27,2009	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	
10/542,617	12/28/2005		Mikael Forslund		1876.137US1	7333	
TITLE OF INVENTION MANUFACTURING THE	E FILTER STRUCTUR	E	NEL COMPRISING TE	ie filiek Sikocio	JRE AND METHOL	POR	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/30/2009	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
BUI, DUNG H		1797	096-154000	•			
1. Change of correspondenc CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Chan 22) attached. tion (or "Fee Address" or more recent) attache	ge of Correspondence Indication form d. Use of a Customer	(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Schwegman, Lundberg 2 & Woessner, P.A.			
B. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Camfil AB Please check the appropriate	s an assignee is identif 137 CFR 3.11. Compl EE	ied below, no assignee etion of this form is NO'	data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY Trosa, Sw	tent. If an assignee is id assignment. and STATE OR COUNT	RY)		
Aa. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).</li> </ul>				
. Change in Entity Status  a. Applicant claims St	MALL ENTITY status.	See 37 CFR 1,27.	☐ b. Applicant is no long				
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